

## Northern California Glaziers, Architectural Metal and Glass Workers Pension Trust Fund & Northern California Glaziers Individual Account Retirement Plan

4160 Dublin Boulevard, Suite 400

Dublin, CA 94568-7756

Toll Free: (800) 222-6298 \* Fax: (925) 833-7301

Email: [Glaziersinfo@hsba.com](mailto:Glaziersinfo@hsba.com)

Website: [www.norcalglazierstrust.org](http://www.norcalglazierstrust.org)



### INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR RETIREMENT BENEFITS

Complete the application in its entirety. Please file the application promptly with the Trust Fund Office even though you may need more time to obtain some of the required attachments. Forward the necessary documents to the Trust Fund Office as soon as possible.

Your application cannot be processed without the following document(s):

1. Proof of Age (see instructions below).
2. Social Security Disability Award Certificate (if you are applying for a Disability Pension).
3. Proof of age for spouse and copy of marriage certificate

### INSTRUCTIONS CONCERNING SUBMISSION OF PROOFS OF AGE

The acceptable proofs of your age are listed below in two groups. Submit a photocopy of **one (1)** of the items listed in **Group I, if you have it or can possibly obtain it**. If you cannot submit proof from Group I, then you must submit photocopies of **two (2) of the items listed in Group II**.

**IMPORTANT: Naturalization records, United States Passports and Immigration Papers *may not* be photocopied. If you are submitting any of these documents, you must send the original. It will be returned to you.** Additional items proving your age **may be requested** if the documents you submit do not constitute convincing proof of your age.

#### GROUP I

1. Birth Certificate.
2. Baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such record.
3. Notification of registration of birth in a public registry of vital statistics.
4. Certification of record of age by the U.S. Census Bureau.
5. Hospital birth record, certified by the custodian of such record.
6. A foreign church or government record.
7. A notarized statement by the Physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
8. Naturalization papers (*photocopy not permitted; submit original*)
9. Immigration papers (*photocopy not permitted; submit original*)
10. Letter from Social Security Administration certifying to your age as it appears on their records.

#### GROUP II

1. Military record.
2. Passport (U.S. passports may **not** be photocopies; submit original)
3. School records; certified by the custodian of such records.
4. Vaccination record certified by the custodian of such record.
5. An insurance policy which shows the age or date of birth.
6. Marriage records showing date of birth or marriage (application for marriage license or church record, certified by the custodian of such record).
7. Driver's License.
8. Other evidence such as notarized statements from persons who have knowledge of date of birth.

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**APPLICATION FOR PENSION BENEFITS**

**PERSONAL DATA:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOC. SEC. NO: \_\_\_\_/\_\_\_\_/\_\_\_\_ PRESENT LOCAL UNION: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ (If married, please attach a copy of your marriage license/certificate.)

Never Married: \_\_\_\_ Married: \_\_\_\_ Divorced: \_\_\_\_ Divorced & Re-Married: \_\_\_\_ Widowed: \_\_\_\_

***IMPORTANT: If you have ever been divorced, you must submit a copy of your court filed Final Judgment of Dissolution of Marriage along with Property Settlement or Qualified Domestic Relations Order.***

IF MARRIED, ENTER SPOUSE'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SOC. SEC. NO: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Attach proof of age.)

DATE YOU PLAN TO RETIRE: MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

LAST DAY OF WORK: MONTH: \_\_\_\_\_ YEAR \_\_\_\_\_

**THIS IS AN APPLICATION FOR:**

- REGULAR PENSION
- SERVICE PENSION
- EARLY RETIREMENT PENSION
- DISABILITY PENSION
- INFORMATION ONLY

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**UNION MEMBERSHIP:**

During my career, I was principally employed as a \_\_\_\_\_  
 and have been a member at the following Local Unions:

CITY	LOCAL UNION #	Dates of Membership			
		FROM		TO	
		MONTH	YEAR	MONTH	YEAR
1.					
2.					
3.					

**EMPLOYMENT HISTORY**

(The Last 5 Years of Employment **MUST** Be Indicated)

NAME OF EMPLOYER <small>PRESENT OR LAST EMPLOYER</small>	CITY	JOB TITLE OR CLASSIFICATION	DATES OF EMPLOYMENT				UNION NON-UNION
			FROM		TO		
			MONTH	YEAR	MONTH	YEAR	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Or /I am/ or was/ an Owner at \_\_\_\_\_  
Name of Company To / From

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**Complete the section below for ALL periods of your work history during which you were out of the industry:**

REASON	FROM		TO	
	MONTH	YEAR	MONTH	YEAR
Military Service (Attach Separation Papers)				
Illness or Injury (Supply doctor's name and address)				
Supervisory Employment	Employer /Position			
Employment outside Northern California: (Location)				
Worked in another industry or trade: (Type)				
Self-Employed:				
Please describe type of work performed during Self-employment				

**If you are not retiring directly from Covered Employment, indicate your work status from your last date of Covered Employment to the present:** \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**PERIODS OF DISABILITY:**

You may be entitled to credit for non-working periods, due to disability. List below any periods of disability after your Contribution Date, which prevented you from working in the Industry:

Nature of Disability: \_\_\_\_\_

Period From: \_\_\_\_\_ to \_\_\_\_\_

Nature of Disability: \_\_\_\_\_

Period From: \_\_\_\_\_ to \_\_\_\_\_

Nature of Disability: \_\_\_\_\_

**DISABILITY PENSION:**

Complete the following if you are applying for a Disability Pension.

Date you first became disabled: \_\_\_\_\_

Nature of your disability: \_\_\_\_\_

From the date you first became disabled, have you engaged in any employment? Yes  No

Have you applied for a Social Security benefits? If so, when? \_\_\_\_\_

Are you receiving Social Security Disability Benefits? (If yes, attach Social Security Disability Award.) Yes  No

**MILITARY SERVICE:**

You may be entitled to credit for non-working periods, due to military service. Complete the following if you served in the Armed Forces of the United States after January 1, 1940.

I served in the Armed Forces of the United States from: \_\_\_\_\_ to \_\_\_\_\_  
Month & Year Month & Year

I certify under penalty of perjury that all of the above statements are true and correct. I understand that a false statement may disqualify me for benefits, and that the Trustees shall have the right to recover any payments made to me because of a false statement.

All pensions must be applied for in writing and filed with the Trust Fund Office in advance of its effective date. If any further information is required, you will be advised. You will be notified in writing of the decision made by the Board of Trustees on your application. Generally, a Pension becomes payable on the first day of the month after the month in which the application is filed.

Signature \_\_\_\_\_ Date: \_\_\_\_\_